

ARIZONA DEPARTMENT OF WATER RESOURCES Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105

Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL THEREAFTER IS DUE UPON FILING.

1. Name of Applicant: City of Surprise

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY	
Application No.: 74 - 565003.0005	
Date Received: 444 3, 2007	
V	

12425 W. Bell Road D-100	Surprise	AZ	85374
Mailing Address	City	State	Zip
Contact Person <u>Jeff Inwood</u>	Telephone602-274-3726	Fax	x 602-274-6773
2. Name of Active Management Area of	or Irrigation Non-Expansion Area if applicab	le, and name of gr	oundwater basin and
subbasin where the facility will be lo	ocated Phoenix AMA, West Salt River Subb	asin	
3. Name of the owner(s) of the land wh	ere wellsites are located_ <u>SCC Canyon II, Ll</u>	LC	
Mailing Address 401 Wilshire Blvd,			
(If more than one	owner, attach a list showing corresponding la	and owner and wel	l registration number(s)).
Legal description of the land where w	vater will be used <u>SW 1/4 Section 7, T 4N,</u>	R 1 W	
	(quarter/quarter/quar	ter/section, townsh	nip and range)
The recovered water will be used for_	Municipal and Industrial Purposes		

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6.	6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No				
	or long-term storage account number. 70-441155.0000				

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Constructed

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: 1/4,1/4,1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
To be assigned	NW,SW,NW,7,4N,1W	1,250	1,750	16 5/8	1,169	July 2007	4 Months

I (We), CHRISTINE NUNEZ the penalty of perjury, that the information contained a belief true, correct and complete.	, the applicant(s) named in this application, do hereby certify under and statements made herein are to the best of my (our) knowledge and			
623-594-5830 Telephone Signature of	Signature of owner or authorized agent			
Title	ROUMENTAL MANAGER			
12425 W. BELL RD,	0-100, SURPRISE, AZ 85374-9002			
Mailing Address	City State Zip			
STATE OF ARIZONA)) ss. County of Mark ()	OFFICIAL SEAL GLORIA G. BIANCO NOTARY PUBLIC - State of Articosa MARICOPA COUNTY My Corrier. Expires Sept. 1, 2009			
Subscribed and sworn to before me this 2nd	day of July , 20 0 7.			
My commission expires.				
	JUL 3 2007 RECHARGE			